NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Environmental Radiation Protection

Application for Proposed Use of Radioactive Materials Under Reciprocity

INSTRUCTIONS: Complete all items; use supplemental sheets where instructed. See the pages 3 and 4 for detailed instructions for completing the application.

☐ Initial request ☐ Subsequent request	NYS Reciprocity #	Total Days in Year

1. Name of Licensee (Must be legal entity, not a division or individual user) requesting reciprocity	FEIN #

2. Licensee Mailing Address (Street address, Town/City, ZIP Code)

3. Contact Person for Licensee	4. Telephone Number for Contact Person	5. E-mail for Contact Person

6. Activities to be Conducted in New York State (Select all that apply):

☐ Well Logging ☐ Other Portable Gauges N.O.S. ☐ Industrial Radiography ☐ Moisture/Density Gauges
☐ Leak Testing and/or Calibrations ☐ Waste Brokerage ☐ Irradiator Service
☐ Other (Please specify):

7. Client Name	8. Address of Work Location (Include separate pages as necessary)

9. Client Telephone Number	10. Contact Person (for Client)

11. Storage/use of Materials	12. Dates Scheduled	13. Total Days for Request
☐ Temporary storage in NYS >5 consecutive days (submit storage and security plans) ☐ Temporary storage in NYS ≤5 consecutive days or requirements under 10 CFR 37 are applicable	From: To:	

14. List the Radioactive Material which you will Bring, Use, Install, or Test in New York State. Include Device Make/Model:

15. List and attach the most current amendment for all U.S. Nuclear Regulatory Commission or Agreement State Radioactive Materials licenses which your company may be utilizing for purposes of reciprocity:

License Number	Licensing Authority/State	Expiration Date

16. The company or organization and any official executing this certificate on behalf of the company or organization named in item 1 certify that all information contained in this application, including any supplements attached hereto, is true and correct to the best of their knowledge and belief. **Any misrepresentation of any material fact found to have been made in securing a license pursuant to this application shall constitute case for the suspension or revocation of such license.**

SIGNATURE OF CERTIFYING OFFICIAL	DATE
PRINT NAME OF CERTIFYING OFFICIAL	TITLE OF CERTIFYING OFFICIAL

SPACE FOR ADDITIONAL INFORMATION: If you have any additional explanations or details regarding Items 1 through 16 on the page 1 of the DOH-5807 form, you may utilize the space below to provide additional information. Please clearly indicate which item(s) are being responded to.

APPLICATION FOR PROPOSED USE OF RADIOACTIVE MATERIALS UNDER RECIPROCITY

PLEASE READ THIS INFORMATION AND THESE INSTRUCTIONS BEFORE COMPLETING NEW YORK STATE DEPARTMENT OF HEALTH FORM DOH-5807

10 NYCRR 16.108 establishes a general license authorizing any person who holds a specific license from an "Agreement State" (a State with which the U.S. Nuclear Regulatory Commission has entered into an effective agreement under subsection 274b of the Atomic Energy Act of 1954) or the U.S. Nuclear Regulatory Commission (U.S. NRC) where the licensee maintains an office for directing the licensed activity and at which radiation safety records are normally maintained, to conduct the same activity in New York State if the specific license issued by the U.S. NRC or the Agreement State does not limit the authorized activity to specified locations or installations. Reciprocity is only available to specifically licensed entities performing commercial services as specified in 10 NYCRR 16.108. **The limit for conducting work in New York State under Reciprocity is 180 days in a single calendar year.**

FEES & TIMELINESS OF FILING THE INITIAL REQUEST

In accordance with 10 NYCRR 16.41(j)(3), the following reciprocity fees shall be submitted at the time of the initial request:

- Category I: $1800 (Commonly industrial radiography, waste brokerage, and other waste services)
- Category II: $1500 (Commonly decontamination and decommissioning services and well logging with tracer studies)
- Category III: $1200 (Commonly well logging with sealed sources only, leak testing and calibration services, and moisture/density gauges)
- Category IV: $900 (Commonly portable x-ray fluorescence licenses, gauges N.O.S., and leak testing (only) services)
- Category V: $300 (Commonly demonstration and sales of radioactive products and analytical instruments N.O.S.)

Payment is only due at the time of initial request by check or money order payable to "New York State Department of Health." and sent with a completed DOH-5807 form to New York State Department of Health, Bureau of Environmental Radiation Protection, Radioactive Materials Section, Empire State Plaza, Corning Tower, Room 1245, Albany, New York 12237. Payments must be made in full, and payment is non-refundable.

For licensees seeking to conduct activities under reciprocity for the first time in a calendar year, submit this Form, one copy of each U.S. NRC or Agreement State specific license in which the licensee will be working under and the fee. NYSDOH must receive this filing at least 3 days before the licensee engages in activities permitted under the General License established by 10 NYCRR 16.108. The preferred method of filing is through email of the DOH-5807 form, a copy of the U.S. NRC and/or Agreement State license(s), and evidence that the appropriate fee requirements will be met within 3 days. This evidence can be a copy of the check that will be mailed to NYSDOH. The licensee may file the required information through the mail or other means as long as NYSDOH receives the information at least 3 days before the licensee engages in the activity.

INSTRUCTIONS

The DOH-5807 form must be completed in full. If you need additional space to complete information as prompted by the DOH-5807 form, you may complete information on a standard 8.5" x 11" paper and submit as an attachment to this form.

The applicant must indicate if this is the initial request (i.e., first request of the calendar year) or if this is a subsequent request (i.e., following initial approval to perform work under reciprocity in New York State). If this is your first request of the calendar year, you may omit the "NYS Reciprocity #" and "Total Days in a Year" sections, as they would not be applicable to your facility. Please note that following your initial approval, your "NYS Reciprocity #" will remain the same year-by-year throughout the duration of your company's FEIN. With each subsequent request and approval to conduct work under Reciprocity in NYS, you should enter your NYS Reciprocity # and your total working days in the current calendar year up-to-date with each request. Your total working days in the current calendar year should include how many days performing approved work in NYS in a calendar year to date, and add any additional days as requested and anticipated.

Item 1: Enter the name of your company exactly as it appears on your U.S. NRC or Agreement State Radioactive Materials License and enter your FEIN.

Item 2: Enter the mailing address exactly as it appears on your U.S. NRC or Agreement State Radioactive Materials License. Please note that this may vary from your physical storage address(es) for radioactive materials and devices.

Item 3: Enter the name of the contact person on behalf of your license. This individual will serve as the point-of-contact for the Department.

Item 4: Enter the telephone number for the contact person on behalf of your license.

Item 5: Enter the email address for the contact person on behalf of your license.

Item 6: Select all activities that will be performed under reciprocity in NYS. If you do not see the activity proposed listed, you may select "other" and specify the work proposed under this reciprocity agreement. Please note that all work proposed must be authorized by your U.S. NRC or Agreement State Radioactive Materials License.

Item 7: Enter the client's name and mailing address. Please note that this should be the company name for the client, where applicable. If this reciprocity request will include servicing to multiple clients within consecutive days, you may record the information for Items 8, 9, 10, and 14 on a separate sheet of paper and provide your proposed itinerary for performing work while in NYS.

Item 8: Enter the location(s) where work will be performed under this reciprocity agreement. Please be as descriptive as possible. If your work location does not have a physical address (e.g., well logging site), please provide the coordinates (in UTM) and information on access points such as roads, trails, and markers to access this location. If this reciprocity request will include servicing to multiple clients within consecutive days, you may record the information for Items 8, 9, 10, and 14 on a separate sheet of paper and provide your proposed itinerary for performing work while in New York State.

Item 9: Enter the client's telephone number. If this reciprocity request will include servicing to multiple clients within consecutive days, you may record the information for Items 8, 9, 10, and 14 on a separate sheet of paper and provide your proposed itinerary for performing work while in New York State.

Item 10: Enter the contact person for the client. This should be an individual requesting your services to perform the work proposed under reciprocity. If this reciprocity request will include servicing to multiple clients within consecutive days, you may record the information for Items 9, 10, and 14 on a separate sheet of paper and provide your proposed itinerary for performing work while in New York State.

Item 11: Provide information on the proposed storage and use of materials while in New York State. Excluding aggregate quantities or materials and devices which require physical controls by 10 CFR 37 (equivalent 10 NYCRR 16.112), if you are possessing or storing radioactive materials in excess of five (5) consecutive days in New York State, you must submit plans for temporary storage and security for devices when not in direct observation of authorized users. Plans should include temporary provisions to secure devices and materials when at a temporary jobsite and for extended durations outside of working hours (such as overnights). The methods of storage and security must be consistent with New York State Department of Health guidelines as indicated in the appropriate Radiation Safety Guides: https://www.health.ny.gov/environmental/radiological/radon/radioactive_material_licensing/.

Applicants with aggregate quantities or materials and devices which require physical controls by 10 CFR 37, do not need to submit storage and security plans, as they will be subject to physical control requirements in 10 CFR 37. Please note that applicants with aggregate quantities of materials and devices which require physical controls by 10 CFR 37 are required (by condition of approval) to not let devices or materials sit idle for 48 consecutive hours.

All applicants that will not be storing or using radioactive materials for less than or equal to 5 consecutive days do not need to submit storage and security plans but are still required to maintain and follow security and storage plans in accordance with all regulatory requirements and conditions of their U.S. NRC or Agreement State Radioactive Materials License.

Item 12: Provide the first date in which you will be entering New York State and the last day in which you will be in New York State under this request. If this reciprocity request will include servicing to multiple clients within consecutive days, you may record the information for Items 8, 9, 10, and 14 on a separate sheet of paper and provide your proposed itinerary for performing work while in New York State. If you will be requesting a temporary job over extended duration and returning licensable materials and devices to a different state on certain days (e.g., weekends), please indicate so on an additional sheet of paper to ensure that certain days will not count against your year-to-date count for conducting approved working days in New York State.

Please note that a "day" is defined as anytime starting at 12:00AM and ending after 11:59PM. Companies storing materials or conducting licensable activities overnight should be aware of the start and end dates in which approval is granted.

Item 13: Provide the total number of days in which you are requesting to conduct work in New York State. If you will be requesting a temporary job over extended duration and returning licensable materials and devices to a different state on certain days (e.g., weekends), please indicate so on an additional sheet of paper to ensure that certain days will not count against your year-to-date count for conducting approved working days in New York State.

Item 14: List the radioactive materials by isotope, form (sealed, unsealed, liquid, etc.) and activity that you will be bringing, using, installing, or servicing under this reciprocity request. If device(s) will be used, please include the manufacturer name and model for each device. If you will be performing analysis or characterization of unknown isotopes, you may indicate that the isotopes and activities are unknown in this section.

Item 15 (a., b., c.): List the U.S. NRC or Agreement State Radioactive Materials License Number, regulatory entity providing jurisdiction over the license, and the expiration date for the license. **You must provide a copy of your most recently amended U.S. NRC or Agreement State Radioactive Materials License with each reciprocity request.** If you have multiple U.S. NRC or Agreement State Radioactive Materials Licenses in which you may be using for reciprocity, please provide the information prompted by Item 15.a, 15.b. and 15.c on a separate sheet of paper and/or on page 2 under Additional Information and submit the most recently amended U.S. NRC or Agreement State Radioactive Materials License for each license that you will be working under while in New York State.

Item 16: Complete the certification section as required. The certifying official is the Radiation Safety Officer (RSO) or the individual(s) designated by the RSO to submit the request.

Upon the initial completion of the DOH-5807 Form, mail two copies of the entire application and payment to the State of New York Department of Health, Bureau of Environmental Radiation Protection, Radioactive Material Section, ESP - Corning Tower, Room 1245 Albany, New York 12237. Upon approval of an application, the applicant will receive a "Reciprocity Approval" issued pursuant to statutory and implementing regulatory authority and subject to all applicable rules, regulations, and orders of all appropriate regulatory agencies now or hereafter in effect and to any conditions specified in the license. Initial requests must be accompanied by payment as discussed above. Subsequent requests may be emailed in lieu of hard copy mailing to BERP@health.ny.gov with "Attn: Reciprocity" in the subject line.